

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3		/	/			
4		/	/			
5	/		/			
6	(0)		/			
7	/		/			
8	/		/			
9	2		/			
10	(1)		/			
11	(8)		/			
12	(0)		/			
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49						
50						
TOTAL IND.	2		9			
TOTAL DEP.	14		10			
TOTAL CLAIMS	16		102			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS